

**Schedule H** Homeowner and Renter Property Tax Credit

File order 5

OFFICIAL USE ONLY

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**Personal information**

Fill in if you are:

☒ 62 or older☒ Blind or disabled

Your first name

M.I.

Last name

AAAAAAAAAAAAAAAAA

A

AAAAAAAAAAAAAAAAA

Your social security number

Spouse's social security number

Daytime phone number

999-99-9999

999-99-9999

999-999-9999

Home address (number and street)

Apartment number

99999AAAAAAAAAAAAAAAAA

99AAA

AAAAAAAAAAAAAAAAA

City

State

Zip

AAAAAAAAAAAAAAAAA

AA

99999-9999

Type of property you live in. Fill in only one:

☒ Private home☒ Apartment☒ Rooming house**Eligibility questions**1 Did you rent or own your home in D.C. for the entire calendar year 2001? ☒ Yes ☒ No

If no, you are not entitled to the credit. If yes, complete the schedule to determine if you qualify for the credit.

2 Did you, or your landlord on your behalf, receive rent supplements during 2001? ☒ Yes ☒ No3 Were you claimed as a dependent on someone else's 2001 Federal State, or D.C. Income Tax Return? ☒ Yes ☒ No

If yes, you are not entitled to the credit unless you were 65 years of age on or before December 31, 2001.

4 Did you live in a public or subsidized housing project during 2001? ☒ Yes ☒ No

If yes, you are not entitled to this credit.

5 Did you or your spouse (if married), provide 50% or more of Total Household Gross Income? ☒ Yes ☒ No

If no, and you are not blind or disabled, you are not entitled to this credit.

**Section A Claim based on rent**

If amount is zero, line is left blank.

1 Total gross household income From line x on back. If over \$20,000, you cannot claim this credit.

1 \$ 999999999

2 Rent paid in 2001 \$ 999999999 x .15 =

2 \$ 999999999

3 Property tax credit

3 \$ 999999999

4 Rent supplements received in 2001 by you or by your landlord on your behalf If none, leave blank.

4 \$ 999999999

5 Allowable property tax credit Line 3 minus line 4.

5 \$ 999999999

6 Landlord

AAAAAAAAAAAAAAAAA

Address (number and street)

Apartment number

Landlord's telephone number

99999AAAAAAAAAAAAAAAAA

99AAA

999-999-9999

AAAAAAAAAAAAAAAAA

City

State

Zip

AAAAAAAAAAAAAAAAA

AA

99999-9999

**Section B Claim based on property tax**

If amount is zero, line is left blank.

1 Total gross household income From line x on back. If over \$20,000, you cannot claim this credit.

1 \$ 999999999

2 Property tax paid by you in 2001

2 \$ 999999999

3 Property tax credit

3 \$ 999999999

4 Information from your real property tax bill or assessment.

Square number 9999

Suffix number 9999

Lot number 9999



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Your last name. AAAAAAAAAAAAAAAAAAAAAAAAAA

Your social security number 999-99-9999

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**Calculation for gross household income** *Total income of all members living in your household.*

Other household  
members

	You	Your spouse	Other household members
<b>a</b> Wages, salaries, tips, bonuses, commissions, fees	<b>a</b> \$ 999999999	999999999	999999999
<b>b</b> Dividends and interest	<b>b</b> \$ 999999999	999999999	999999999
<b>c</b> Lottery winnings	<b>c</b> \$ 999999999	999999999	999999999
<b>d</b> Business income or loss	<b>d</b> \$ 999999999	999999999	999999999
<b>e</b> Taxable portion of pensions and annuities	<b>e</b> \$ 999999999	999999999	999999999
<b>f</b> Capital gain	<b>f</b> \$ 999999999	999999999	999999999
<b>g</b> Alimony received	<b>g</b> \$ 999999999	999999999	999999999
<b>h</b> Net rental income	<b>h</b> \$ 999999999	999999999	999999999
<b>i</b> Social security and/or railroad retirement	<b>i</b> \$ 999999999	999999999	999999999
<b>j</b> Nontaxable portion of pensions and annuities or exclusions	<b>j</b> \$ 999999999	999999999	999999999
<b>k</b> Unemployment insurance and/or worker's compensation	<b>k</b> \$ 999999999	999999999	999999999
<b>l</b> Support money and/or public assistance grants	<b>l</b> \$ 999999999	999999999	999999999
<b>m</b> Interest on U.S. obligations	<b>m</b> \$ 999999999	999999999	999999999
<b>n</b> Disability income exclusion	<b>n</b> \$ 999999999	999999999	999999999
<b>o</b> Non-taxable portion of military compensation	<b>o</b> \$ 999999999	999999999	999999999
<b>p</b> Fellowship awards and grants	<b>p</b> \$ 999999999	999999999	999999999
<b>q</b> Life insurance proceeds	<b>q</b> \$ 999999999	999999999	999999999
<b>r</b> Veteran's pensions and disability payments	<b>r</b> \$ 999999999	999999999	999999999
<b>s</b> GI Bill benefits	<b>s</b> \$ 999999999	999999999	999999999
<b>t</b> Income subject to unincorporated business franchise tax	<b>t</b> \$ 999999999	999999999	999999999
<b>u</b> Cash distributions	<b>u</b> \$ 999999999	999999999	999999999
<b>v</b> Other <i>Specify.</i> AAAAAAAAAAAAAAAAAA	<b>v</b> \$ 999999999	999999999	999999999
<b>w</b> Total gross income <i>Add lines a through v for each column.</i>	<b>w</b> \$ 999999999	999999999	999999999
<b>x</b> Total gross household income <i>Total of all amounts on line w for all columns. If over \$20,000, you cannot claim the Property Tax Credit.</i>	<b>x</b> \$ 999999999		



\*019980220000\*

Your last name. AAAAAAAAAAAAAAAAAAAAAA

Your social security number 999-99-9999

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**Other members of your household** All people other than your spouse, whose income is included in your gross household income.

First name	M.I.	Last name	Social security number
AAAAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAAAA	999-99-9999
AAAAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAAAA	999-99-9999
AAAAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAAAA	999-99-9999
AAAAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAAAA	999-99-9999

**Signature** Under penalties of the law, I declare that I have examined this return and to the best of my knowledge it is correct.  
Declaration of paid preparer other than taxpayer is based on all information available to the preparer.

Your signature	Date	Paid preparer's signature	Date
		Paid preparer's Federal ID, SSN, or PTIN	Paid preparer's phone number
		99-9999999	999-999-9999



\*019980230000\*

Your last name. AAAAAAAAAAAAAAAAAAAAAA

Your social security number 999-99-9999

File order 8

**Physician's certification of blindness or disability** *If you are blind or disabled, you must have this certificate completed each year you claim the Property Tax Credit.*

Claimant's first name M.I. Last name  
AAAAAAAAAAAAAAAAA A AAAAAAAAAAAAAAAAAAAAAA  
Claimant's social security number  
999-99-9999

I certify that the above named taxpayer (fill in all that apply):

☒ is blind ☒ has a physical or mental impairment that is expected to last continuously for 12 months or more ☒ was physically or mentally impaired on January 1, 2001

Physician's first name M.I. Last name  
AAAAAAAAAAAAAAAAA A AAAAAAAAAAAAAAAAAAAAAA  
Physician's address (number and street) Apartment number  
99999AAAAAAAAAAAAAAAAAAAAA 99AAA  
City State Zip  
AAAAAAAAAAAAAAAAAAAAA AA 99999-9999

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_

**Definitions**

**Blind**

Vision that does not exceed 20/200 in the better eye with correcting lenses, or vision that is greater than 20/200, but is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees.

**Disabled**

Unable to engage in any gainful activity due to a physical or mental impairment which can be expected to last for 12 months or more.



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